



Patient/Client Intake Form
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REVIEW OF SYMPTOMS

Patient/Client Name: _____ Date: _____

Please indicate symptoms that you have experienced in the last six months, or that have recurred throughout your life

General

- Weight change
Fever/chills
Weakness
Fatigue
Sweating/night sweats
Fainting
Dizziness
Forgetfulness
Hair/nail changes

Skin

- Itching
Rashes
Bruise easily
Hives
Athlete's foot
Eczema/psoriasis
Change in moles
Sores that won't heal

Muscle/Joint/Bone

- Pain
Numbness
Swelling
Bursitis/tendonitis
Broken bones
Sprains/strains
Spasms/cramps
Headaches/head injuries
Low back, hip, leg pain
Neck, shoulder, arm pain
Jaw pain/TMJ
Arthritis

Eyes

- Glasses/contacts
Blurring
Pain
Double vision
Discharge
Floaters
Glaucoma
Cataracts
Macular Degeneration

Ears

- Ringing
Earache/discharge
Loss of hearing

Nose

- Sinusitis
Bleeding
Discharge
Obstruction
Postnasal drip
Nasal polyps

Mouth/Throat

- Sores
Bleeding gums
Teeth
Hoarseness
Difficulty swallowing
Taste

Pulmonary

- Shortness of breath
Wheezing
Chronic cough
Coughing blood
Sputum

Cardiovascular

- High blood pressure
Low blood pressure
Irregular heartbeat
Murmurs
Calf pain with walking
Edema
Palpitations
Chest pain
Varicose veins

Gastrointestinal

- Poor appetite
Constipation/diarrhea
Indigestion/heartburn
Gas/bloating
Bowel changes
Nausea/vomiting
Hemorrhoids
Hernia
Blood in stool
Anal discomfort
Excessive hunger
Excessive thirst

Genitourinary

- Low back pain
Painful urination
Blood in urine
Frequent/urgent urination
Loss of bladder control
Nighttime urination
Recurrent infections

Sexual History

- Syphilis
Gonorrhea
Chlamydia
Sores/discharge
Herpes
Sexual/physical abuse

Female Only

- Breast lumps
Nipple discharge
Bleeding after menopause
Hot flashes
Painful intercourse
Hysterectomy Total
Hysterectomy Partial (Uterus Only)
Infertility
Fibroids
Vaginal infections
Abnormal PAP smears
Last Menstrual Period:
Date: _____

Male Only

- Breast lumps
Erection difficulties
Lump/pain in testicles
Penis discharge
Sores on penis
Infertility

Endocrine

- Diabetes
Hypoglycemia
Goiter
Heat/cold intolerance
Excessive thirst/hunger
Hormone therapy

Allergic

- Drug/Vaccination allergy
Asthma
Eczema
Rhinitis
Hay fever
Hives
Post-nasal drip
Itchy/watery nose/eyes

Blood/Lymph

- Anemia
Transfusions
Bleeding tendency
Lymph node enlargement
Lymph node pain

Neurological

- Fainting
Convulsions
Sensations
Gait/coordination
Speech
Numbness/tingling
Paralysis/weakness

Psychological

- Memory loss
Mood
Sleep pattern
Anxiety/depression
Phobias
Drug/alcohol abuse
Eating Disorder

Other

- _____

